



Region 2

**ACKNOWLEDGEMENT OF NOTIFICATION  
OF  
HAZARDOUS WASTE ACTIVITY**

11/19/2013

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

**EPA I.D. NUMBER:** NYR000051409

**INSTALLATION NAME:** COSTCO WHOLESALE #230

**INSTALLATION ADDRESS :** 125 BEACON DR  
HOLBROOK, NY 11741

**MAILING ADDRESS :** PO BOX 35005  
SEATTLE, WA 98124

EPA Form 8700-12AB (4-80)

**USEPA - REGION 2  
RCRA Programs Branch  
290 Broadway, 22nd Floor  
New York, NY 10007-1866**

**ATTN: RCRA NOTIFICATIONS  
Tel : (212) 637-4106  
Fax: (212) 637-4437**

**TO: COSTCO WHOLESALE #230  
or Current Occupant  
ATTN: LISA SIMPSON  
PO BOX 35005  
SEATTLE, WA 98124**

**SEND  
COMPLETED  
FORM TO:**  
The Appropriate  
State or Regional  
Office.

United States Environmental Protection Agency  
**RCRA SUBTITLE C SITE IDENTIFICATION FORM**

2013 SEP 17 P 3:21  
RCRA PROGRAMS  
BRANCH



<b>1. Reason for Submittal</b>  MARK ALL BOX(ES) THAT APPLY	<b>Reason for Submittal:</b> <input type="checkbox"/> To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location) <input checked="" type="checkbox"/> To provide a Subsequent Notification (to update site identification information for this location) <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____) <input type="checkbox"/> As a component of the Hazardous Waste Report (If marked, see sub-bullet below) <input type="checkbox"/> Site was a TSD facility and/or generator of $\geq 1,000$ kg of hazardous waste, $>1$ kg of acute hazardous waste, or $>100$ kg of acute hazardous waste spill cleanup <u>in one or more months</u> of the report year (or State equivalent LQG regulations)		
<b>2. Site EPA ID Number</b>	EPA ID Number   N   Y   R   0   0   0   0   5   1   4   0   9		
<b>3. Site Name</b>	Name: COSTCO WHOLESALE #230		
<b>4. Site Location Information</b>	Street Address: 125 BEACON DRIVE		
	City, Town, or Village: HOLBROOK		County: SUFFOLK
	State: NY	Country: USA	Zip Code: 11741
<b>5. Site Land Type</b>	<input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
<b>6. NAICS Code(s) for the Site (at least 5-digit codes)</b>	A.   8   1   2   9   2   2		C.   4   5   2   9   1   0
	B.		D.   4   4   6   1   1   0
<b>7. Site Mailing Address</b>	Street or P.O. Box: PO BOX 35005 ATTN: LISA SIMPSON		
	City, Town, or Village: SEATTLE		
	State: WA	Country: USA	Zip Code: 98124
<b>8. Site Contact Person</b>	First Name: LISA		MI:   Last: SIMPSON
	Title: LICENSING SUPERVISOR		
	Street or P.O. Box: PO BOX 35005		
	City, Town or Village: SEATTLE		
	State: WA	Country: USA	Zip Code: 98124
	Email: LSIMPSON@COSTCO.COM		
	Phone: (425) 313-6275	Ext.:	Fax: (425) 313-6922
<b>9. Legal Owner and Operator of the Site</b>	A. Name of Site's Legal Owner: COSTCO WHOLESALE CORPORATION		Date Became Owner: 08/14/93
	Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
	Street or P.O. Box: 999 LAKE DRIVE		
	City, Town, or Village: ISSAQUAH		Phone: (425) 313-8100
	State: WA	Country: USA	Zip Code: 98027
	B. Name of Site's Operator: LARRY RESNIKOFF		Date Became Operator: 06/2013
	Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		

**10. Type of Regulated Waste Activity (at your site)**Mark "Yes" or "No" for all current activities (as of the date submitting the form); complete any additional boxes as instructed.**A. Hazardous Waste Activities; Complete all parts 1-10.**Y ☒ N ☐**1. Generator of Hazardous Waste**

If "Yes", mark only one of the following – a, b, or c.

- ☒ a. LQG: Generates, in any calendar month, 1,000 kg/mo (2,200 lbs./mo.) or more of hazardous waste; **or** Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lbs./mo) of acute hazardous waste; **or** Generates, in any calendar month, **or** accumulates at any time, more than 100 kg/mo (220 lbs./mo) of acute hazardous spill cleanup material.

- ☐ b. SQG: 100 to 1,000 kg/mo (220 – 2,200 lbs./mo) of non-acute hazardous waste.

- ☐ c. CESQG: Less than 100 kg/mo (220 lbs./mo) of non-acute hazardous waste.

If "Yes" above, indicate other generator activities in 2-4.

Y ☐ N ☐

- 2. Short-Term Generator** (generate from a short-term or one-time event and not from on-going processes). If "Yes", provide an explanation in the Comments section.

Y ☐ N ☐

- 3. United States Importer of Hazardous Waste**

Y ☐ N ☐

- 4. Mixed Waste (hazardous and radioactive) Generator**

Y ☐ N ☐**5. Transporter of Hazardous Waste**

If "Yes", mark all that apply.

- ☐ a. Transporter  
☐ b. Transfer Facility (at your site)

Y ☐ N ☐**6. Treater, Storer, or Disposer of Hazardous Waste**

Note: A hazardous waste Part B permit is required for these activities.

Y ☐ N ☐**7. Recycler of Hazardous Waste**Y ☐ N ☐**8. Exempt Boiler and/or Industrial Furnace**  
If "Yes", mark all that apply.

- ☐ a. Small Quantity On-site Burner Exemption  
☐ b. Smelting, Melting, and Refining Furnace Exemption

Y ☐ N ☐**9. Underground Injection Control**Y ☐ N ☐**10. Receives Hazardous Waste from Off-site****B. Universal Waste Activities; Complete all parts 1-2.**Y ☐ N ☐

- 1. Large Quantity Handler of Universal Waste** (you accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste managed at your site. If "Yes", mark all that apply.

- a. Batteries ☐  
b. Pesticides ☐  
c. Mercury containing equipment ☐  
d. Lamps ☐  
e. Other (specify) \_\_\_\_\_ ☐  
f. Other (specify) \_\_\_\_\_ ☐  
g. Other (specify) \_\_\_\_\_ ☐

Y ☐ N ☐**2. Destination Facility for Universal Waste**

Note: A hazardous waste permit may be required for this activity.

**C. Used Oil Activities; Complete all parts 1-4.**Y ☐ N ☐**1. Used Oil Transporter**

If "Yes", mark all that apply.

- ☐ a. Transporter  
☐ b. Transfer Facility (at your site)

Y ☐ N ☐**2. Used Oil Processor and/or Re-refiner**  
If "Yes", mark all that apply.

- ☐ a. Processor  
☐ b. Re-refiner

Y ☐ N ☐**3. Off-Specification Used Oil Burner**Y ☐ N ☐**4. Used Oil Fuel Marketer**

If "Yes", mark all that apply.

- ☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner  
☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

**D. Eligible Academic Entities with Laboratories—Notification for opting into or withdrawing from managing laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K**

❖ You can **ONLY** Opt into Subpart K if:

- you are at least one of the following: a college or university; a teaching hospital that is owned by or has a formal affiliation agreement with a college or university; or a non-profit research institute that is owned by or has a formal affiliation agreement with a college or university; AND
- you have checked with your State to determine if 40 CFR Part 262 Subpart K is effective in your state

Y ☐ N ☐

1. Opting into or currently operating under 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories  
**See the item-by-item instructions for definitions of types of eligible academic entities. Mark all that apply:**

☐ a. College or University

☐ b. Teaching Hospital that is owned by or has a formal written affiliation agreement with a college or university

☐ c. Non-profit Institute that is owned by or has a formal written affiliation agreement with a college or university

Y ☐ N ☐

2. Withdrawing from 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories

### 11. Description of Hazardous Waste

**A. Waste Codes for Federally Regulated Hazardous Wastes.** Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

D001						
D002						
D011						
P001						
P075						

**B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes.** Please list the waste codes of the State-Regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed.

[illegible]

EPA ID Number 

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OMB#: 2050-0024; Expires 12/31/2014

**12. Notification of Hazardous Secondary Material (HSM) Activity**Y ☐ N ☐ Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (25)?If "Yes", you must fill out the Addendum to the Site Identification Form: Notification for Managing Hazardous Secondary Material.**13. Comments**

ONE HOUR PHOTO PROCESSING LAB, PHARMACY AND GENERAL WAREHOUSE.

**14. Certification.** I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations. For the RCRA Hazardous Waste Part A Permit Application, all owner(s) and operator(s) must sign (see 40 CFR 270.10(b) and 270.11).

Signature of legal owner, operator, or an authorized representative

Name and Official Title (type or print)

Date Signed  
(mm/dd/yyyy)

LISA SIMPSON

09/11/13

LICENSING SUPERVISOR





## ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

03/16/98

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER -> NYR000051409

FACILITY NAME -> COSTCO WHOLESALE 230

MAILING ADDRESS -> 125 BEACON DR  
HOLBROOK, NY 11741

INSTALLATION ADDRESS -> 125 BEACON DR  
HOLBROOK, NY 11741

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
REGION II  
290 BROADWAY  
NEW YORK, NEW YORK 10007-1866

ATTN: AIR & WASTE MANAGEMENT DIVISION, 22ND FL.  
HAZARDOUS & SOLID WASTE PROGRAMS BRANCH  
RCRA NOTIFICATIONS

TO: TSUBOI, GAIL  
LICENSING DIR  
COSTCO WHOLESALE 230  
999 LAKE DR  
ISSAQUAH, WA 98027-5367



Please refer to the instructions for Filling Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



# Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received  
(For Official Use Only)

98-03-09

## I. Installation's EPA ID Number (Mark 'X' in the appropriate box)



A. First Notification

B. Subsequent Notification  
(Complete Item C)

C. Installation's EPA ID Number

NY R0000051409

## II. Name of Installation (Include company and specific site name)

COSTCO WHOLESALE #230

## III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

125 BEACON DRIVE

Street (Continued)

City or Town

HOLBROOK

State

NY

Zip Code

11741-

County Code

County Name

SUFFOLK

## IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

SAME

City or Town

State

Zip Code

-

## V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

(First)

TSUBOI

GAIL

Job Title

Phone Number (Area Code and Number)

LICENSING DIR

425-313-6178

## VI. Installation Contact Address (See Instructions)

A. Contact Address

Location Mailing Other

☐
☐
☒

B. Street or P.O. Box

999 LAKE DRIVE

City or Town

ISSAQUAH

State

WA

Zip Code

98027-5367

## VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

COSTCO WHOLESALE CORPORATION

Street, P.O. Box, or Route Number

999 LAKE DRIVE

City or Town

ISSAQUAH

State

WA

Zip Code

98027-5367

Phone Number (Area Code and Number)

425-313-8100

B. Land Type

P

C. Owner Type

P

D. Change of Owner Indicator

Yes

X

No

(Date Changed)

Month

Day

Year



**VIII. Type of Regulated Waste Activity** (Mark 'X' in the appropriate boxes; Refer to Instructions)

### B. Used Oil Recycling Activities

1. **Used Oil Fuel Marketer**
  - ☐ a. **Marketer Directs Shipment of Used Oil to Off-Specification Burner**
  - ☐ b. **Marketer Who First Claims the Used Oil Meets the Specifications**
2. **Used Oil Burner - Indicate Type(s) of Combustion Device(s)**
  - ☐ a. **Utility Boiler**
  - ☐ b. **Industrial Boiler**
  - ☐ c. **Industrial Furnace**
3. **Used Oil Transporter - Indicate Type(s) of Activity(ies)**
  - ☐ a. **Transporter**
  - ☐ b. **Transfer Facility**
4. **Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)**
  - ☐ a. **Process**
  - ☐ b. **Re-refine**

## IX. Description of Hazardous Wastes (Use additional sheets if necessary)

**A. Characteristics of Nonlisted Hazardous Wastes.** (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

- [illegible]

**B. Listed Hazardous Wastes.** (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
D o l l					
7	8	9	10	11	12

**C. Other Wastes.** (State or other wastes requiring a handler to have an I.D. number; See instructions.)

1	2	3	4	5	6

## X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

**Signature**

Name and Official Title (Type or print)

**Date Signed**

## XI. Comments

**Note:** Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)